Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A. Account Number : I20060000067 : (407)656-5750 Fax Number : (407)656-0486

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEER TRUST MANAGEMENT INVESTMENT, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DEER TRUST MANAGEMENT INVESTMENT, LI				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 02/09/2004 Florida document number L04000013010		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		• •		
(Principal office address MUST BE A STREET ADDRESS)		<u>></u>		
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Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida vtreet address			
	Plan	, Florida		
	City , F1011	Zip Code		
New Registered Agent's Signature, If changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered ugent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M 	Ingrid G. Maria Vossebeld	PO Box 1236	= Add
		Hernando, FL 34442	□ Remove
			□ Change
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If amen	iling any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Note: If	date, if other than the date of filing: (option (option (option (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi (the date inserted in this block does not meet the applicable statutory filing requirements, this (('s effective date on the Department of State's records.	iste will not be	listed as th	
	·	The 90th day a	22	
he record s and is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	AUG AUG	
Dated	August 13 , 2021.	83.4 (1.1.4.)	<u>ଟ ।</u> 3	
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	Signature of a member or authorized representative of a member	10000000000000000000000000000000000000		
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